

# PROJECT NOVA RECORD

1. DATE - TIME GROUP 21 Sept 67 21/1319Z		2. LOCATION NASHVILLE, TENNESSEE (Multiple Witnesses)	
3. SOURCE Civilians		10. CONCLUSION Possible (SATELLITE)  It seems possible that the observer sighted two satellites (one being retrograde)  11. BRIEF SUMMARY AND ANALYSIS  The observer sighted 2 orange color lights. One went westerly and one was going in an easterly direction.	
4. NUMBER OF OBJECTS Two			
5. LENGTH OF OBSERVATION 3 Minutes			
6. TYPE OF OBSERVATION Ground-Visual			
7. COURSE See Summary			
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

FORM  
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

DEC 19 1967


SUBJECT:

UFO Observation, 21 September 1967

TO:

~~██████████~~  
~~██████████~~  
Nashville, Tennessee 37207

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on **21 September 1967** would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

  
JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



21 Sept 67

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*JCM*  
JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117

*E1 was at 99° Long and 40° Lat at 023Z  
of 22 Sept 68, going S-N*



*sent*

*21 Sept 67*

TDET/UFO (Maj Quintanilla/70916/mhs/25 Oct 67)

OCT 26 1967

UFO Observation, 21 September 1967

[REDACTED]  
Nashville, Tenn 37207

[REDACTED]  
Nashville, Tenn 37207

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to a UFO sighting on 21 September 1967 would you please complete the attached FTD Form 164 and return it in the self-addressed envelope. If you were not a witness to this sighting would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

*[Signature]*  
JAMES C. MANATT, Colonel, USAF  
Director of Technology and Subsystems

1 Atch  
FTD Form 164 w/envelope

*Snd witness 117's again to above.*

TDET/UFO OFFICIAL FILE CY.



21 Sept 67

OCT 10 1967

21 Sep 67

[REDACTED]

Nashville, Tenn. 37207



1 Oct 1967

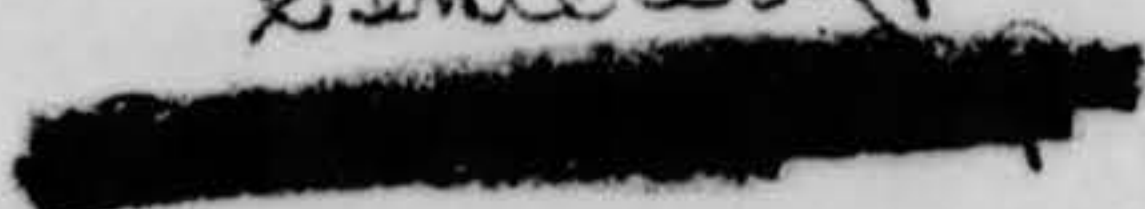


37207

September 23, 1967

Major Hector Quintanilla  
Project Blue Book

Dear Major Quintanilla,  
I am writing to you concerning two U.F.O.s which I witnessed on the night of September 21, 1967. The objects were of orange color and glowed. They were about as large as a medium sized star. And were sighted in the southern sky just after dawn approximately 7:19 P.M. One seemed to gain altitude and travel westerly. The other object seemed to lose altitude and it traveled easterly. The objects traveled at a very fast speed. The strange thing was they seemed to travel in a series of dips. But I guess the atmosphere made them do this for I have seen artificial satellites do almost the same. But I do know they weren't meteors, aircraft, or swamp gas!

Sincerely,  


P.S. There were 5 other witnesses of these objects.

Send 164



## U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

21 September 1967  
Day Month Year

2. Time of day:

7 19  
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern  
b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One): a. Daylight Saving  
b. Standard

4. Where were you when you saw the object?

[REDACTED] Nashville Tennessee  
Nearest Postal Address City or Town State or County

5. How long was object in sight? (Total Duration)

3  
Hours Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? estimated

5.2 Was object in sight continuously? Yes \_\_\_\_\_ No \_\_\_\_\_

6. What was the condition of the sky?

DAY

a. Bright  
b. Cloudy

NIGHT

a. Bright  
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you  
b. In back of you  
c. To your right  
d. To your left  
e. Overhead  
f. Don't remember



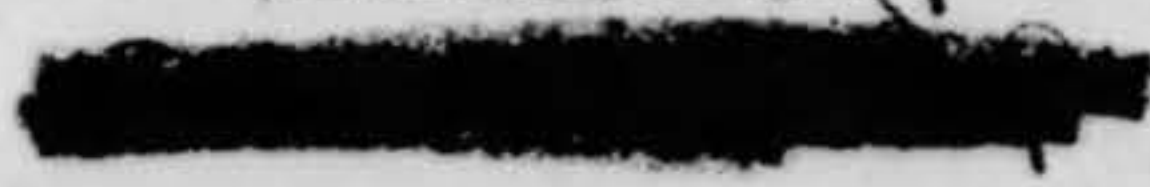
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Sincerely,  


P.S. There were 5 other witnesses of these objects.

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8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- ☒ b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- ☒ d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- ☒ c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

About same as star.

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
  - ☒ b. Like a bright star
  - c. Sharply outlined
  - d. Don't remember

e. Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
<input checked="" type="radio"/> Yes	No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know



14. Did the object disappear while you were watching it? If so, how?

*It traveled until it was out of sight.*

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No Don't Know. IF you answered YES, then tell what it moved behind: \_\_\_\_\_

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☒ No Don't Know. IF you answered YES, then tell what in front of: \_\_\_\_\_

17. Tell in a few words the following things about the object:

a. Sound *No sound*

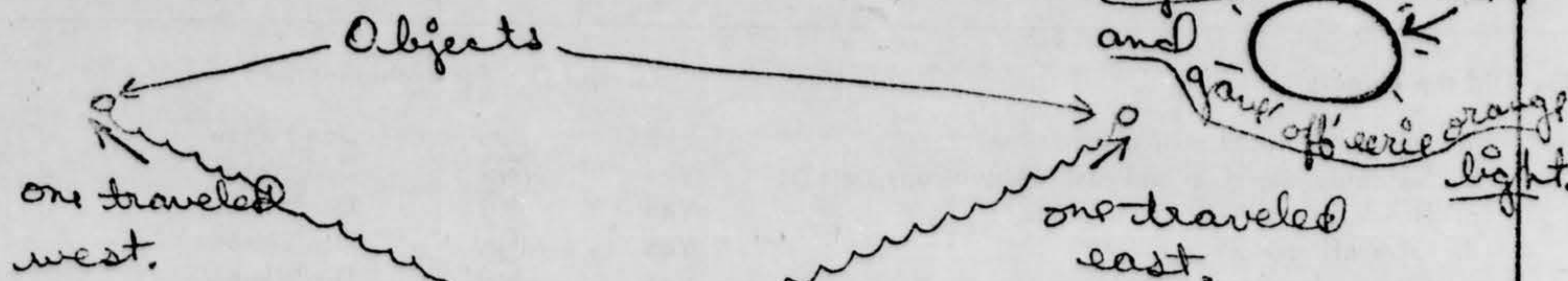
b. Color *Red orange*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

*Almost the entire area of the object.*

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



*Objects traveled in series of scips or dips as line shows.*



20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

☒ No

IF you answered YES, then what speed would you estimate? \_\_\_\_\_

21. Do you think you can estimate how far away from you the object was?

(Circle One)

☒ Yes

No

IF you answered YES, then how far away would you say it was? *In the very upper atmosphere*

22. Where were you located when you saw the object?

(Circle One):

a. Inside a building

b. In a car

☒ c. Outdoors

d. In an airplane (type)

e. At sea

f. Other \_\_\_\_\_

23. Were you (Circle One)

a. In the business section of a city?

☒ b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other \_\_\_\_\_

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? \_\_\_\_\_ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

☒ No

e. Binoculars

Yes

☒ No

b. Sun glasses

Yes

☒ No

f. Telescope

Yes

☒ No

c. Windshield

Yes

☒ No

g. Theodolite

Yes

☒ No

d. Window glass

Yes

☒ No

h. Other \_\_\_\_\_

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

*The object was about the ~~the~~ size of a medium sized star. Except it was an orange color.*



Received 19 Feb 68

BOB Nr 21-R258

# SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 27 MONTH Sept YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☒ A.M. ☐ P.M.

4. TIME/ZONE

☒ DAYLIGHT SAVINGS

☐ STANDARD

☐ EASTERN

☐ CENTRAL

☐ MOUNTAIN

☐ PACIFIC

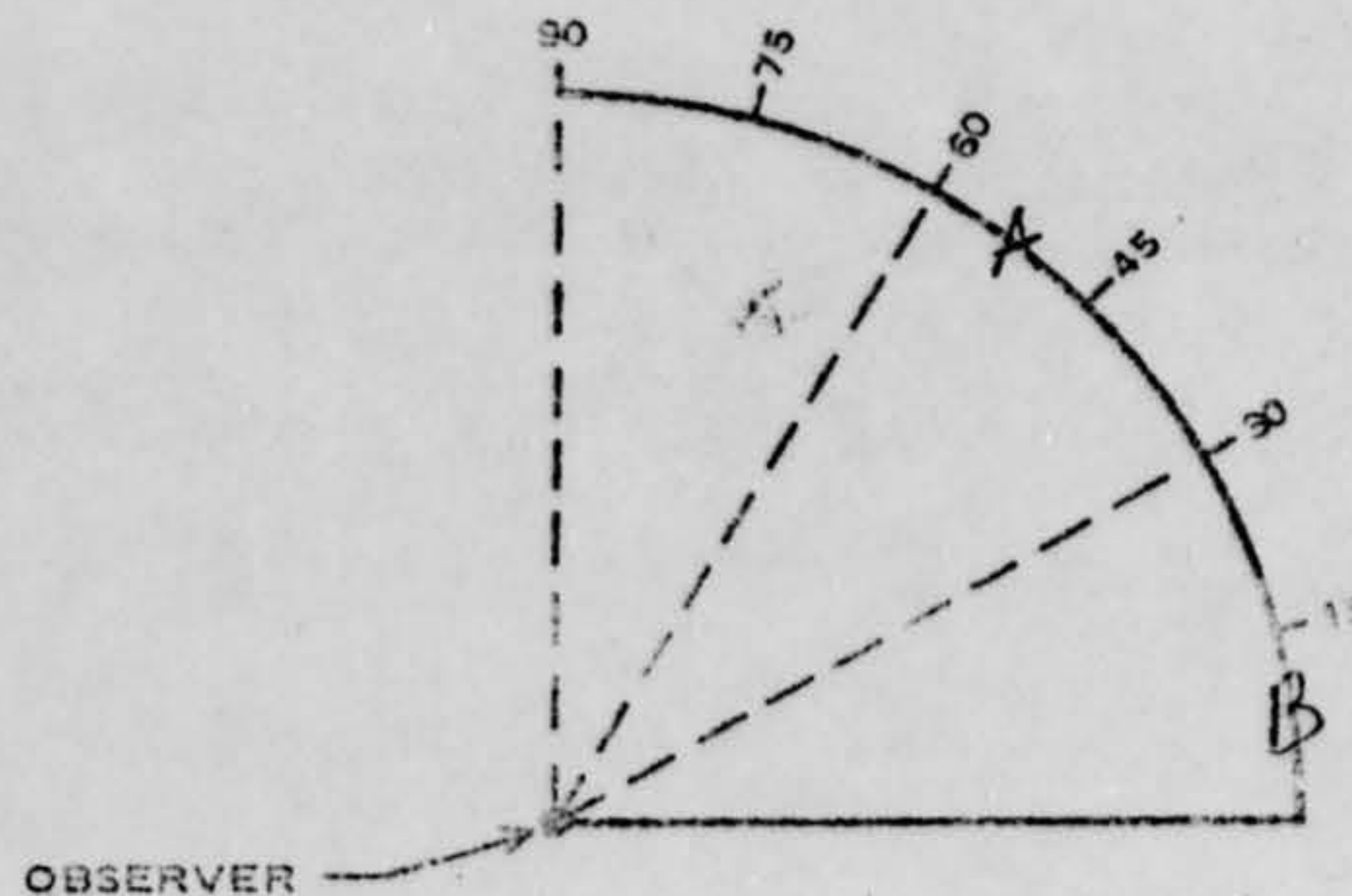
☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

~~My address~~ My neighbors patio,  
[redacted] Avenue

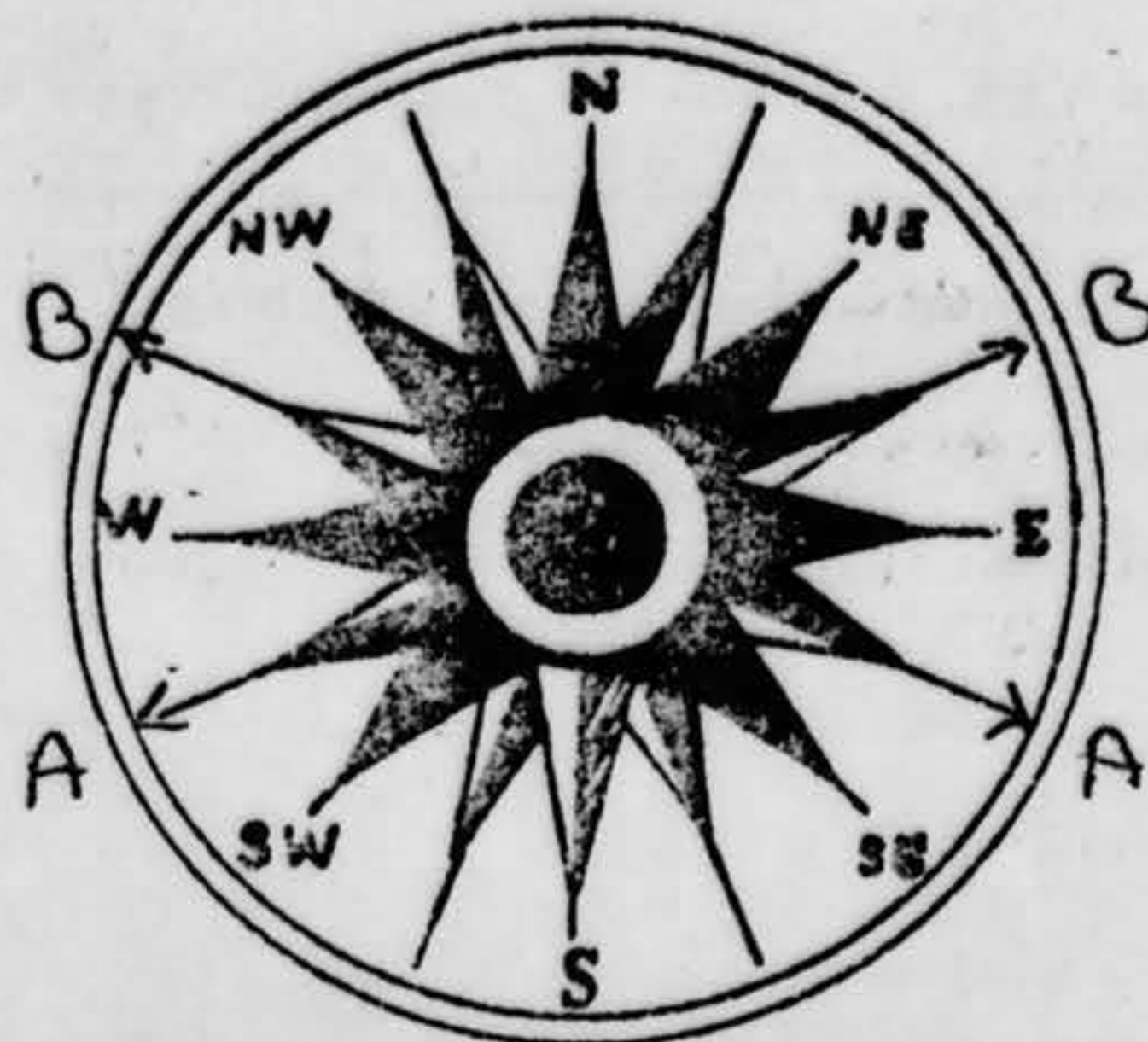
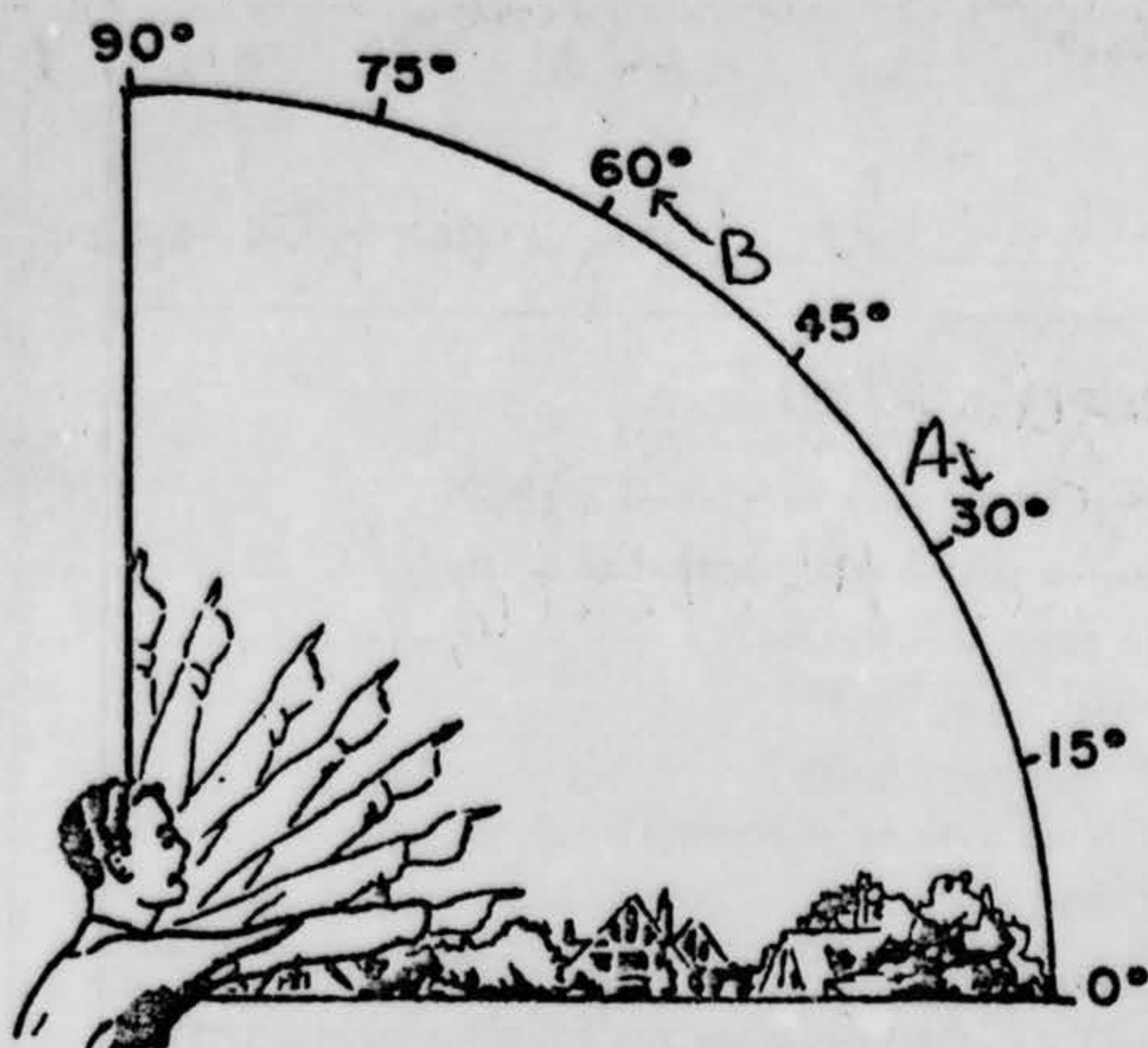
Nashville approx DC Long.  
36 Lat.

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

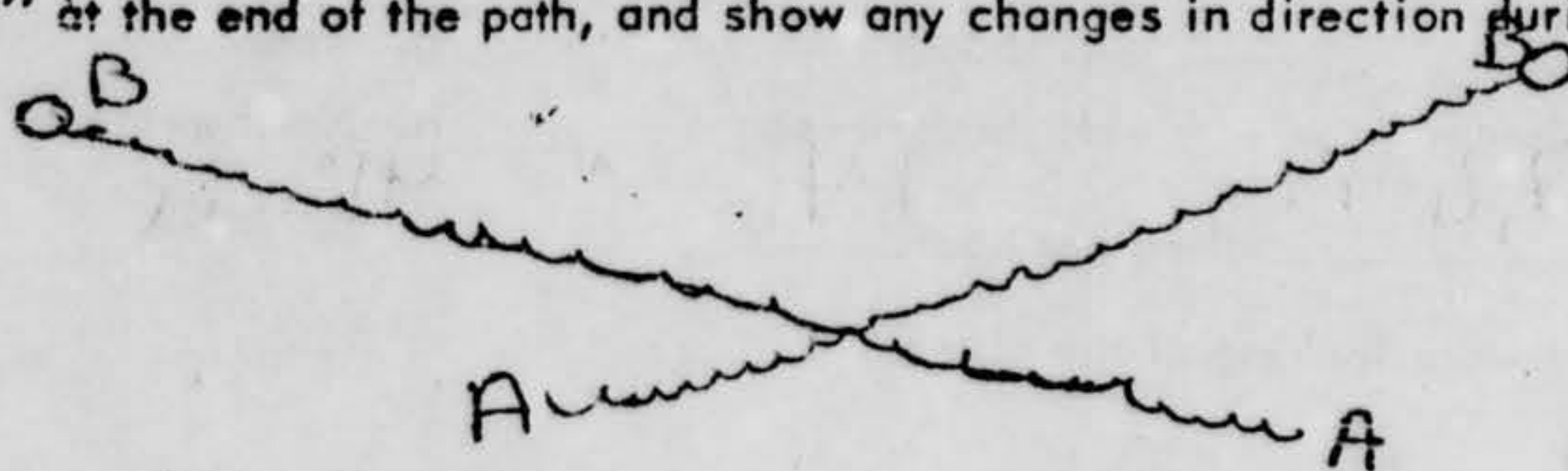




27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.

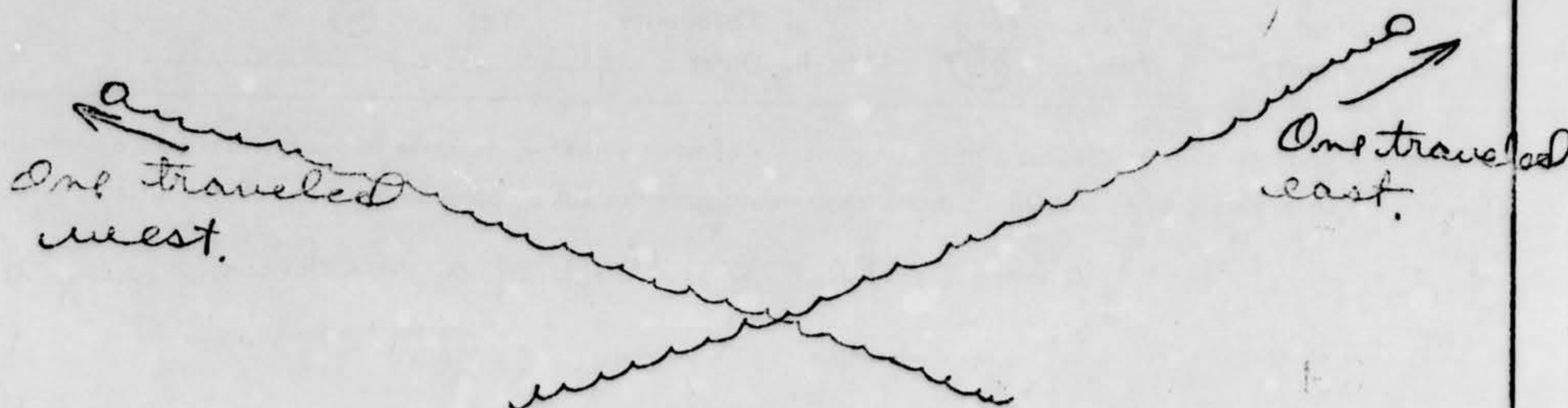


28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



Objects shipped  
and jumped  
as traveled on path.

29. IF there was MORE THAN ONE object, then how many were there? There were two objects  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.





30. Have you ever seen this, or a similar object before. If so give date or dates and location.

No. Except once at night about a year ago I observed a white 5-sided object that had a dome on the top and flew very peculiarly. But I don't remember the date. And I didn't know where to report it at that time.

31. Was anyone else with you at the time you saw the object? (Circle One)

☒ Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

☒ Yes

No

31.2 Please list their names and addresses:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] Nashville, Tenn.  
37207

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE 14

SEX

Male

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

23

Day

September 1967

Month

Year

Major Quintanilla Jr.  
Wright-Patterson A.F.B.  
Project Blue Book



34. Date you completed this questionnaire:

16  
Day

October  
Month

1967  
Year

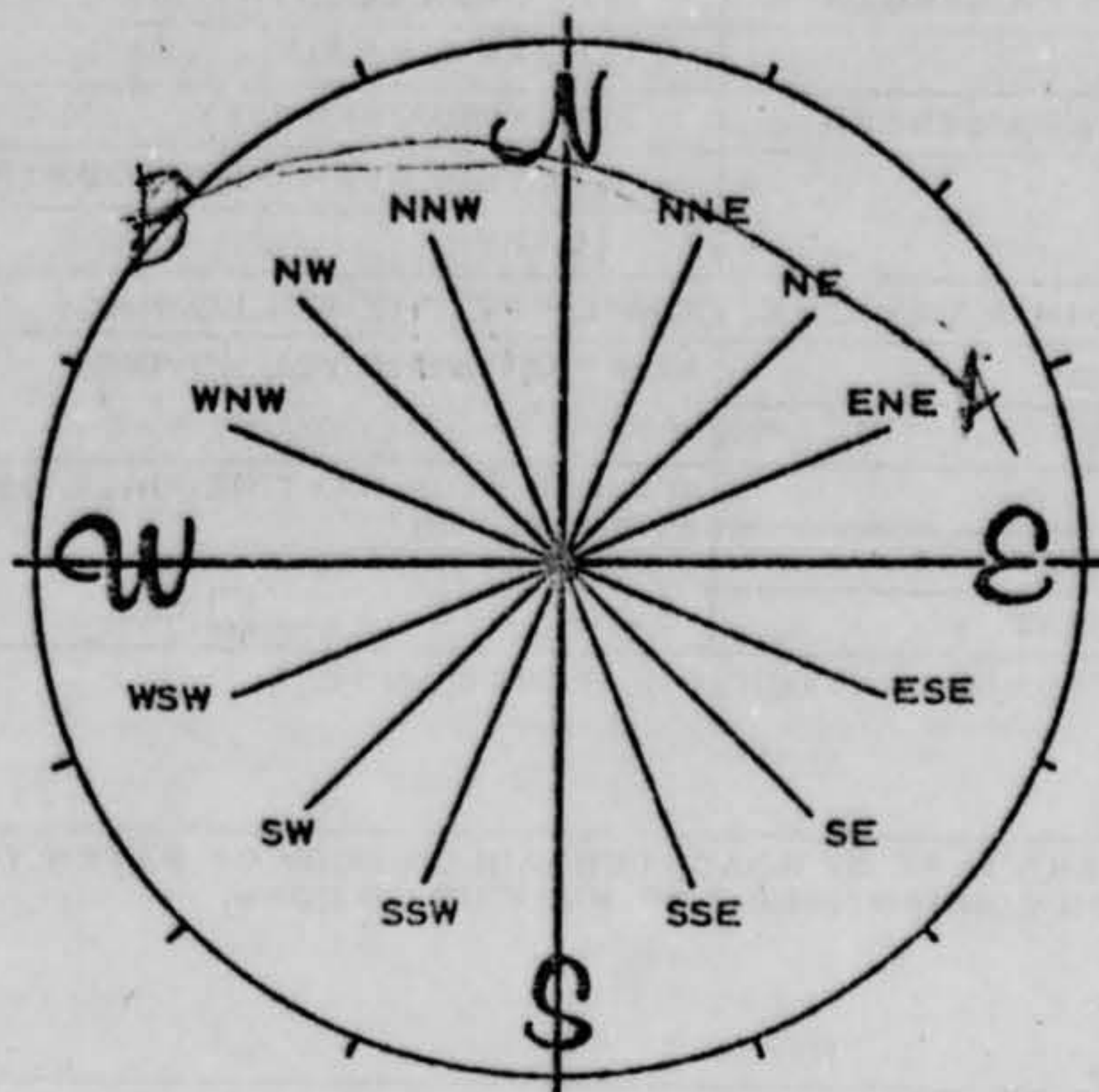
35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

I wish to know but do not know what the objects were. They seemed to travel like artificial satellites which I have observed before but the objects were like nothing I have seen before.

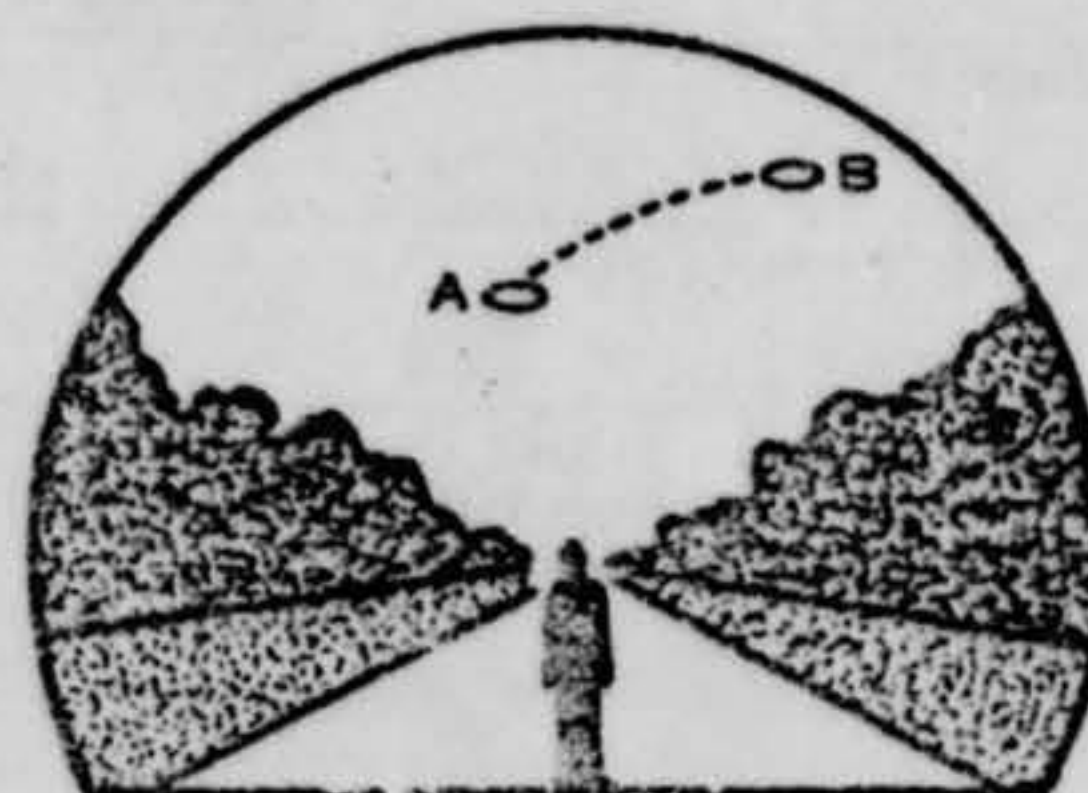
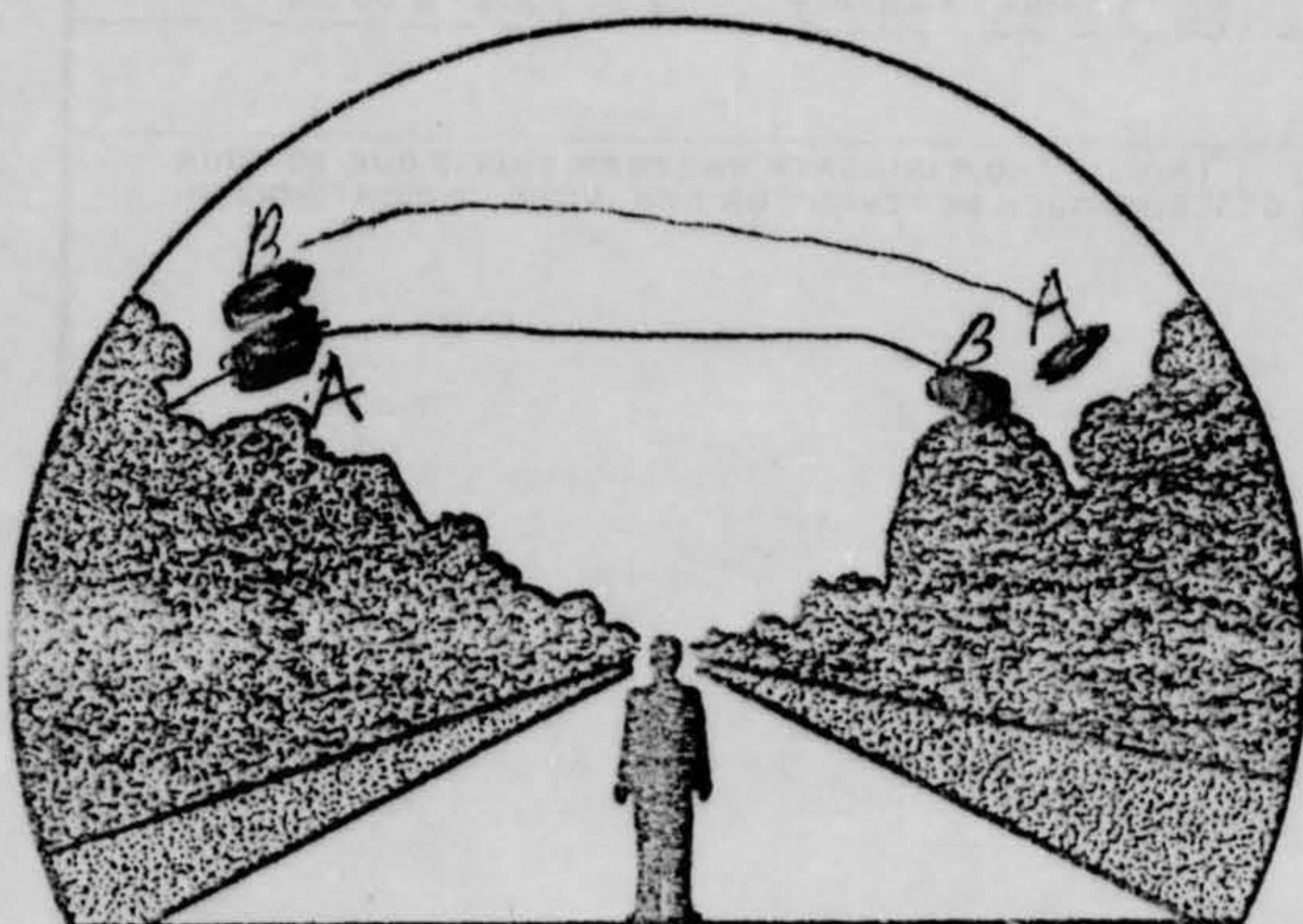
Some of the other observers say they saw ~~it~~ travel a little differently but I must assure you the observation was very strange.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/> OUTDOORS	<input checked="" type="checkbox"/>	<input type="checkbox"/> IN BUSINESS SECTION OF CITY	<input type="checkbox"/>
<input type="checkbox"/> IN BUILDING	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY	<input type="checkbox"/>
<input type="checkbox"/> IN CAR	<input type="checkbox"/> AS DRIVER	<input type="checkbox"/> AS PASSENGER	<input type="checkbox"/> IN OPEN COUNTRYSIDE
<input type="checkbox"/> IN BOAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NEAR AIRFIELD
<input type="checkbox"/> IN AIRPLANE	<input type="checkbox"/> AS PILOT	<input type="checkbox"/> AS PASSENGER	<input type="checkbox"/> FLYING OVER CITY
<input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FLYING OVER OPEN COUNTRY
			<input type="checkbox"/> OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input type="checkbox"/> NORTH	<input type="checkbox"/> EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST		
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST		
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	<input type="checkbox"/>	CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE
	<input type="checkbox"/>	FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED?			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

*do not pay any attention to this drawing*

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herringbone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT <input checked="" type="checkbox"/>		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR <input checked="" type="checkbox"/>		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY			<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT
<input type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO
<input type="checkbox"/> MANY	<input type="checkbox"/> MOON HIDDEN BY CLOUDS
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PARTIAL (New or quarter)

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

*It was bright a gold color the edges were fuzzy and it was selfluminous*



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?		✓	
	STAND STILL AT ANYTIME?		✓	
	SUDDENLY SPEED UP AND RUN AWAY?	✓		
	BREAK UP IN PARTS AND EXPLODE?		✓	
	CHANGE COLOR?		✓	
	GIVE OFF SMOKE?		✓	
	CHANGE BRIGHTNESS?		✓	
	CHANGE SHAPE?		✓	
	FLASH OR FLICKER?		✓	
	DISAPPEAR AND REAPPEAR?		✓	
	SPIN LIKE A TOP?		✓	
	MAKE A NOISE?		✓	
	FLUTTER OR WOBBLE?		✓	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*the brightness  
and the movement*

A. HOW DID IT FINALLY DISAPPEAR?

*one faded out and the  
other disappeared behind a tree*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☒ YES ☐ NO. IF "YES," DESCRIBE.

*telephone ~~and~~ wires*



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

*about half*



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED fast

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE \_\_\_\_\_

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?  
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED]

Wesley Avenue

[REDACTED]

Wesley Avenue

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

[REDACTED]

ADDRESS (Street, City, State and Zip Code)

[REDACTED]

Jenn. 37207

TELEPHONE (Area code and number)

615

AGE

13

☒

MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 23 MONTH Dec YEAR 1967